Write in corporate limits 3148

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03124 Dept. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Hampshire
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Springfield
STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) L. (Last) Adams

4. DATE OF DEATH (Month) April (Day) 23 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widow	Aug. 24-1867	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		W.Va.	U.S.A.

13. FATHER'S NAME: Harry Iliff

14. MOTHER'S MAIDEN NAME: Hannah Mc Bride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none	Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
903.0 Immediate cause	(a) Cardiac failure	gradual
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senility	
DUE TO		
	(c) Intertrochanteric fracture of left femur.	27 days.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
March 31/54	Intertrochanteric fracture, left femur, reduced & pin applied.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	home	Springfield	Hampshire	W.Va.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
3-27/54 P. M.			Tripped over a rug and fell to the floor, fractured left femur

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 4-26-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	4-25-1954	Fort Ashby Cemetery	Fort Ashby	W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 26, 1954	Walter R. Lantz, M.D.	Henderson & Guthrie,	Springfield, W.Va.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Film#G165 2 for 1 certificate
4/27/54 emf

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APR 27 1954
BUREAU V. S.

Within corporate limits

MARYLAND 3149

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03125 Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 4/5/54; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 1308 Oldtown Road

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Elizabeth; (Last) Allen

4. DATE OF DEATH: (Month) April; (Day) 11; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/29/1866

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berkeley Springs, W. Va.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Joshua Michael

14. MOTHER'S MAIDEN NAME: Hannah Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Sclerosis, — Interval Between Onset and Death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis — ?

(c) Senile Arteriosclerosis, — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Deterioration — ?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1954, to Apr. 11, 1954, that I last saw the deceased alive on Apr. 10, 1954, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Strahan M.D. ADDRESS 49 Greene St. DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 14 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Tabor Cemetery — LOCATION (City, town, or county) (State): Berkley Springs, W. Va.

DATE REC'D BY LOCAL REG: April 13, 1954 — REGISTRAR'S SIGNATURE: Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

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APR 20 1954
BUREAU V. S.

3150

03126 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

WHITE copy

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pa. COUNTY Bedford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Bedford

STREET ADDRESS (If rural, give location) Route #2 Cessna, Pa. (Room) 16-5th St. Cumberland, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Russell	Anderson	April	4	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 24-1894	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Brakeman	B&O.R.Ry.	Bedford Co. Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Anderson	Nora Mc Creary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	705-07-9730	(wife) Edith Trent Anderson, Bedford, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	420.1	(a) Coronary occlusion	sudden
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		(b) Coronary sclerosis	?
DUE TO			
		(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED April 4-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 7, 1954	Fairview Town Cemetery	Bedford Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 4, 1954	Walter R. Lantz, M.D.	John L. Hofer	Cumberland, Md

RECEIVED
APR 14 1954
BUREAU V. S.

Within corporate limits

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3151 CERTIFICATE OF DEATH

Reg. Dist. No. 03127 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Morgan
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PAW PAW, W.VA. 85X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BABY BOY (Middle) (Last) ARNOLD

4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: APRIL 10, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROY P. ARNOLD
14. MOTHER'S MAIDEN NAME: MARY H BAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Memorial

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.0 IMMEDIATE CAUSE (A) Massive abdom.

ANTECEDENT CAUSE (S) DUE TO (B) hemorrhage - left hypogastric V.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Probably from tumultuous labor. (Lacerated vessel clearly visible.)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1954, to Apr. 10, 1954, that I last saw the deceased alive on ....., 19..., and that death occurred at 6:06AM, from the causes and on the date stated above.

SIGNATURE W R Joyce Hodges M. D. ADDRESS Cumberland, Md. DATE SIGNED 4/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: April 10, 1954
NAME OF CEMETERY OR CREMATORY: Woodrow Cemetery
LOCATION (City, town, or county) (State): Berkeley Springs, W.Va.

DATE REC'D BY LOCAL REGISTRAR: April 10, 1954
REGISTRAR'S SIGNATURE: Wruter R. Frantz, M.D.
24. FUNERAL DIRECTOR: A. B. Parks, Berkeley Springs
ADDRESS: W.Va.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03128

3152 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Garden
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Belle (Last) Aronholt

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 21, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lowder

14. MOTHER'S MAIDEN NAME: Mary Talley Dorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.0 Arteriosclerotic Heart Disease — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1954, to 4-28, 1954, that I last saw the deceased alive on 4-28, 1954, and that death occurred at 12:00 N, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Roy L. Bacon M.D. 62 Greene St. Cumberland Md 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 1, 1954

NAME OF CEMETERY OR CREMATORY Allegany Front Cemetery

LOCATION (City or County) Elk Garden Co. (State) W. Va.

DATE REC'D BY LOCAL REGISTRAR April 30, 1954

REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D.

24. FUNERAL DIRECTOR O. F. Sharpless

ADDRESS Blaine, W. Va.

VS. A15

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MAY 4 1954
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Items 18&21 Film #168 7/9/54 nms

3208 (0312)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Barrellsville
LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS In Barrellsville Clay Mine

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) R.F.D.#2 Frostburg(Finzel)
STREET ADDRESS (If rural, give location) Box 176

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Clinton (Last) Baker

4. DATE OF DEATH (Month) April (Day) 26 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: May 22-1903

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clay Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining Clay

11. BIRTHPLACE (State or foreign country): (rural) Finzel,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George D. Baker

14. MOTHER'S MAIDEN NAME: Margaret Layman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-01-6713

17. INFORMANT & ADDRESS: brother-Clyde Baker,R.F.D #2 Frostburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Silicosis (occupational disease) Coronary occlusion — Interval between onset and death: gradual about 5 min. (sudden death)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) also had mitral stenosis and Coronary sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Clay Mine

21c. (City or town) nr. Barrellsville (County) Allegany (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) gradual M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Breathing silica in lungs

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED April 26-1954

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF 4-29-54

NAME OF CEMETERY OR ~~CREMATORY~~ Finzel

LOCATION (City, town, or county) (State) Finzel, Garrett Co., Md.

DATE REC'D BY LOCAL REG. Apr 28

REGISTRAR'S SIGNATURE Vernice McDermitt

24. FUNERAL DIRECTOR Joseph R. Durst

ADDRESS

VS. A15A - 5 - 53

RECEIVED
MAY

03130

MARYLAND 3153

STATE DEPARTMETT OF HEALTH

Dr. L. Bring

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland	LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeley	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.	STREET ADDRESS (If rural, give location) 43 Potomac St.

3. NAME OF DECEASED (Type or Print)	(First) Lucy	(Middle) May	(Last) Baker	4. DATE OF DEATH (Month) Apr. (Day) 17, (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Mar. 22, 1880	9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Spring Gap, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Leonard W. Huff			14. MOTHER'S MAIDEN NAME Elizabeth Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Charles R. Baker Ridgeley, W. Va.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) congestive heart failure	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) thrombocytopenic purpura and anemia	4 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1954, to April 17, 1954, that I last saw the deceased alive on 4-17-, 1954, and that death occurred at 11 15 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 57 Greene St DATE SIGNED 4-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 20, 1954	NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. April 18, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR Charles I. George	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 27 1954
BUREAU V. S.

Within corporate limits DR. SIMONS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03131

3154 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 514 WOODSIDE AVE.

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) Obed (Last) BARGER

4. DATE OF DEATH: (Month) APRIL (Day) 11, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 11/10/189[illegible]

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Crew dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy.

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. BARGER

14. MOTHER'S MAIDEN NAME: CLAUDINE FISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-05-5930

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: one week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/ 8 ..., 1954, to 4/11 ..., 1954, that I last saw the deceased alive on 4/11 ..., 1954, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George M. Jessop M.D. ADDRESS Cumberland Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/14/54 — NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR April 14, 1954 — REGISTRAR'S SIGNATURE Walter R. Bartz, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

RECEIVED
APR 20 1954
BUREAU V. S.

3209

03132

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

Outside of City Limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Cumberland
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#4 Mexico Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (rural) Cumberland
STREET ADDRESS (If rural, give location) R.F.D.#4 Mexico Farm

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Bartles, Sr.

4. DATE OF DEATH (Month) (Day) (Year) April 18 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 2-1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck driver for Elwood
10b. KIND OF BUSINESS OR INDUSTRY: Rowley, Contractor,
11. BIRTHPLACE (State or foreign country): Martinsburg, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Bartles
14. MOTHER'S MAIDEN NAME: Emma E. Eversole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-0587
17. INFORMANT & ADDRESS: (wife) Ruth Grove Bartles, R.F.D.#4 Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Coronary sclerosis	?
	(c)	Arteriosclerosis with hypertention.	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED April 19-1954

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF 4-21-54
NAME OF CEMETERY OR CREMATORY St. Mary's Cem
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. April 20, 1954
REGISTRAR'S SIGNATURE Wrister R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

RECEIVED
APR 27 1954
BUREAU V. S.

3210

03133
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN Barton - (Rural) | LENGTH OF STAY (in this place) 81 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Legislative Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Barton (Rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Beard

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 9 June 1872 | 9. AGE last birthday: 81 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Miner - Lt | 10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine | 11. BIRTHPLACE (State or foreign country): Barton, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Beard | 14. MOTHER'S MAIDEN NAME: Ellen Gattens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Hugh Beard, Barton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis — Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. V. Deming M. D. M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/22/54 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. Apr 22, 1954 | REGISTRAR'S SIGNATURE Mrs Jean C. Kelly | 24. FUNERAL DIRECTOR ADDRESS Ellsworth S. Boal

RECEIVED
APR 23 1
BUREAU V. S.

Without corporate limits

03134

MARYLAND 3155

STATE DEPARTMETT OF HEALTH

Dr. Balin

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: Alle any — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 107 Greene St.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) VERONICA (Last) BEIER

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 5 1901

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John S. Eden

14. MOTHER'S MAIDEN NAME: Mary E. O'Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William Beier 107 Greene St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Cerebral Embolism — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mural Thrombosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17 ..., 1950, to 4-16 ..., 1954, that I last saw the deceased alive on 4-16 ..., 1954, and that death occurred at 2:15 a ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph G. Baccini M.D. 62 Greene St. Cumberland Md 4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: April 19 1:5[illegible]

NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 18, 1954

REGISTRAR'S SIGNATURE: Walter K. Trautz, M.D.

24. FUNERAL DIRECTOR: Charles L. Geory

ADDRESS: Cumberland, Md.

RECEIVED
APR 27 1954
BUREAU V. S.

Within corporate limits DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3156 CERTIFICATE OF DEATH

03135

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 109 LUTEMAN ROAD

3. NAME OF DECEASED: (Type or Print) (First) BARNET (Middle) (Last) BENEMAN
4. DATE OF DEATH: (Month) APRIL (Day) 2 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: DECEMBER 15, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES BENEMAN
14. MOTHER'S MAIDEN NAME: BELLE RUBIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-32-2878
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebrovascular Accident (Embolus) — 31 days.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auricular Fibrillation — Years ?

DUE TO

(c) Myocardial disease — ??

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hematuria. (cause undetermined) Uremia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1954, to 4/2, 1954, that I last saw the deceased alive on 4/2, 1954, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacobson Mrs. ADDRESS 50 Pershing St. DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/4/54 NAME OF CEMETERY OR CREMATORY East View Cemetery LOCATION (City, town, or county) Cumberland, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR April 4, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. 24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

Within corporate limits: BRUITER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3157 CERTIFICATE OF DEATH

03136 4

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 5 HRS. 25 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FROSTBURG
STREET ADDRESS (If rural give location): STAR ROUTE

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) BLOCHER

4. DATE OF DEATH: (Month) APRIL (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH 31, 1954

9. AGE last birthday: 3 DAYS yrs.
IF UNDER 1 YEAR: Months — Days 3
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND Frostburg

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FORREST BLOCHER

14. MOTHER'S MAIDEN NAME: BETTY LA RUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0
Immediate cause (a) Subdural hematoma left parietal area
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/3/54

19b. MAJOR FINDINGS OF OPERATION: subdural hematoma left parietal area

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Birth injury

22. I hereby certify that I attended the deceased from April 3, 1954, to April 3, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph A. Reiter, M.D. ADDRESS: 112 Bedford St. Cumberland Md. DATE SIGNED: 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-5-54
NAME OF CEMETERY OR CREMATORY: Blocher Cemetery
LOCATION (City, town, or county) (State): Garrett co., Maryland

DATE REC'D BY LOCAL REGISTRAR: April 5, 1954
REGISTRAR'S SIGNATURE: Walter K. Rantz, M.D.

24. FUNERAL DIRECTOR: J. R. Durst — ADDRESS: Frostburg

2-24191426

RECEIVED
APR 14 1934
BUREAU V. S.

Within corporate limits

03137

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3158 CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place): 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 643. Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Arvella (Middle) Vesta (Last) Boor

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 1 1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Centerville, Bedford Co, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emmanuel Rose

14. MOTHER'S MAIDEN NAME: Laura Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Cromwell C. Boor, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	12 h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Left ventricular failure	12 h.
	DUE TO (c) Hypertensive Heart Disease	10 y.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive & arteriosclerotic renal & vascular disease

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to 5 Apr., 1954, that I last saw the deceased alive on 5 April, 1954, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Harold G. Wiseman MD Cumberland, Md 5 April 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 7, 1954 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: April 7, 1954 — REGISTRAR'S SIGNATURE: Walter K. Hauck, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. — ADDRESS

RECEIVED
APR 1
BUREAU V. S.

Within corporate limits

DR. JACOBSON

MARYLAND 3159

03138

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 216 CENTRAL AVENUE

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) Garfield (Last) BROWN

4. DATE OF DEATH: (Month) APRIL (Day) 29 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: AUG. 10 1890

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARMAN- W.MD.R.R.

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): VIRGINIA Fredericksburg

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RILEY BROWN

14. MOTHER'S MAIDEN NAME: Ruth Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-7012

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Peripheral Vascular (Circulatory) Collapse — Interval Between Onset and Death: 4 d.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ~~Acute~~ Coronary Occlusion & Ant. Myocardial Infarction — 12 d.

(c) Peritonitis (cause undetermined) — 4 d.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peripheral Vascular Insufficiency — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21 ..., 1954, to 4/29 ..., 1954, that I last saw the deceased alive on 4/29 1954, and that death occurred at 4:25 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE May 2, 1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. May 1, 1954 — REGISTRAR'S SIGNATURE Winter R. Hartz, M.D.

24. FUNERAL DIRECTOR H. Wayne George — ADDRESS Cumberland Md, Md.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03139

3166

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — STATE Maryland
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Greene St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 122 Greene St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) H. (Last) Burke

4. DATE OF DEATH: (Month) Apr (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan 4 1868

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Theater Operator

10b. KIND OF BUSINESS OR INDUSTRY: Moving Pictures

11. BIRTHPLACE (State or foreign country): Walker Station N. Va.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Patrick Burke

14. MOTHER'S MAIDEN NAME: Nancy Hamrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes / Spanish American War

16. SOCIAL SECURITY No.: 213-24-6906

17. INFORMANT & ADDRESS: Mrs Rita G. Burke - Cumberland.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
59.X Immediate cause	(a) Chronic nephritis	3 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Stricture of post urethra	3 years
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	5 years

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to April 1st, 1954, that I last saw the deceased alive on Mar 1st, 1954, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
R. W. Trevaskis, M.D. — Cumberland, Maryland — 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/5/54 — NAME OF CEMETERY OR CREMATORY St peter & Paul Center — LOCATION (City, town, or county) Cumberland — (State) Maryland

DATE REC'D BY LOCAL REGISTRAR April 4, 1954 — REGISTRAR'S SIGNATURE Walter L. Wantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS Cumberland Md

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03140

3211 CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS High Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural give location) High Street

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) M (Last) Byrnes

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 19 54

5. SEX: FeMale

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 1 1882

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Mills

14. MOTHER'S MAIDEN NAME: Catherine Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Alphonsus Byrnes, Lonaconing, Md. (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Transverse Colon. Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Oct 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Transverse Colon.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19 54 to 19 April 19 54, that I last saw the deceased alive on 19 April 19 54, and that death occurred at 7 40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Lonaconing Md. 4-24-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 22 1954

NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR 4-22-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. ADDRESS

RECEIVED
APR 1954
BUREAU V. S.

03141

MARYLAND STATE DEPARTMENT OF HEALTH

3212 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing; MARYLAND; LENGTH OF STAY (In this place): 68yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Detmold Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing; STREET ADDRESS (If rural, give location): Detmold Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A (Last) Cameron

4. DATE OF DEATH (Month) (Day) (Year): April, 2, 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March, 24, 1886

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Archbald Cameron

14. MOTHER'S MAIDEN NAME: Jean McLuckie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-05-5727

17. INFORMANT: Mrs. William Cameron (Wife)

18. MEDICAL CERTIFICATION — Lonaconing, Md.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis also had	?
	(c) Arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Miners asthma	several years.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.	Cumberland, Md.	April 2-1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4, 1954	Oak Hill Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-3-54	Jannette M Boal	George Eichhorn, Lonaconing, Md.	

VS. A15A

APR
V. S

Within corporate limits

MARYLAND 3161

03142

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 8/18/53	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	STREET ADDRESS (If rural, give location) 19 Putman Street

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Salem	(Last) Cruthers	4. DATE OF DEATH	(Month) April (Day) 29, (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1/22/1873	9. AGE last birthday 81 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STONE MASON	10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME John Salem Cruthers			14. MOTHER'S MAIDEN NAME Sarah Jane Burton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Allegany County Infirmary Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
592X Immediate cause (a)	Pulmonary Hypostasis	72 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis	?
(c)	Chronic Nephritis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Deterioration	?

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1953, to Apr. 28, 1954, that I last saw the deceased alive on Apr. 28, 1954, and that death occurred at 4.18 a.m., from the causes and on the date stated above.

SIGNATURE James E. McClean (Degree or title) M.D. ADDRESS 49 Greene St. DATE SIGNED 4-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 1 1954	NAME OF CEMETERY OR CREMATORY Cook's Cem.	LOCATION (City, town, or county) Bedford Co (State) Pa.
DATE REC'D BY LOCAL REG. April 30, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR Louis Stein Inc.	ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

3162

03143 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 933 Gay St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 933 Gay St.

3. NAME OF DECEASED: (Type or Print) (First) Fred[illegible] (Middle) Lester (Last) Davis

4. DATE OF DEATH (Month) April (Day) 23 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	single	Jan. 18-1912	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Plasterer for Joseph Wilson	Toe Hill, Pa.	U.S.A.

13. FATHER'S NAME: Foster Davis

14. MOTHER'S MAIDEN NAME: Maud Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes ✓ W.W.2	214-07-6519	(sister) Mrs. William Spriggs, R.F.D.#4 Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-23-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-26-54	Davis Memorial	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25, 1954	Walter K. Mantz, M.D.	Charles L. Deorg	Cumberland, Md.

Film #G165 Item# 14 5/3/54 emf 3163

03144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Warren
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (rural) Lebanon
STREET ADDRESS (If rural, give location) R.F.D.#2

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) E. (Last) Dershem

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH: Oct.17-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Tool Maker for East Dayton Tool & Die Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Darke Co.Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Dershem
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.1
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 832 S.Fredrick St. (daughter) Mrs.Frances Quinn, Arlington, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

824x

Immediate cause (a) Intracranial hemorrhage due to a fractured — INTERVAL BETWEEN ONSET AND DEATH about 1/2hr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) skull & aspiration of blood. His nose was

DUE TO

(c) fractured also left malar bone.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Baltimore Ave
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) April (Day) 17 (Year) 1954 (Hour) about 9:10 AM.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Cast iron pipe on truck going west became loose, penetrated windshield of auto going east.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 21 1954
NAME OF CEMETERY OR CREMATORY Bear Creek
LOCATION (City, town, or county) Dayton Montgomery Co (State) Ohio

DATE REC'D BY LOCAL REG. April 18, 1954
REGISTRAR'S SIGNATURE Walter R. Hautz, M.D.
24. FUNERAL DIRECTOR William H. Knight
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
APR 27 1954
BUREAU V. S.

3200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U3145

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg — LENGTH OF STAY (in this place): 5 wks. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mater's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg — STREET ADDRESS (If rural, give location): R. D. No 2, Box 261

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Lowman

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: May 29-1892 — 9. AGE last birthday: 61 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker — 10B. KIND OF BUSINESS OR INDUSTRY: Restaurant — 11. BIRTHPLACE (State or foreign country): Baltimore Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Lowman — 14. MOTHER'S MAIDEN NAME: Margaret Cryne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 215-26-1695 — 17. INFORMANT & ADDRESS: Mrs Mary Warfield Frostburg Md. R.D.#2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE — (A) Cachexia + Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Metastases generalized — ± 2 mos

DUE TO (C) Carcinoma - Head of Pancreas — ± 8 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obstruction of Common Duct — 6 mos.

19A. DATE OF OPERATION: 12/13/53 — 19B. MAJOR FINDINGS OF OPERATION: Large Ca head of Pancreas, obstructing Common Duct of G.B. — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1953, to 4/24, 1954, that I last saw the deceased alive on 4/24, 1954, and that death occurred at 1:04 P M, from the causes and on the date stated above.

SIGNATURE M.D. Frank T. Agrat — ADDRESS Frostburg, Md. — DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4-27-54 — NAME OF CEMETERY OR CREMATORY: Pastures Cemetery — LOCATION (City, town, or county): Eckhart, Md. (State)

DATE REC'D BY LOCAL REGISTRAR: 4-27-54 — REGISTRAR'S SIGNATURE: Mrs. Nancy V. Roe — 24. FUNERAL DIRECTOR: Jas. H. Hafer — ADDRESS: Frostburg, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1954
BUREAU OF

Film G164 Item # 9
4/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03146

3213 CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland | COUNTY: Allegy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown (Rural)
STREET ADDRESS (If rural give location): near Cumberland, Md.

3. NAME OF DECEASED: (Type or Print) (First): Cecil (Middle): C (Last): Eillott

4. DATE OF DEATH: (Month) (Day) (Year): April 12. 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June, 8. 1880

9. AGE last birthday: 74/ 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Eillott

14. MOTHER'S MAIDEN NAME: Savilla Shockey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Richard Eillott, Midland, Md. (Brother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	1 day.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Cardiovascular Disease	years.
	DUE TO (c) Arteriosclerosis	years

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to April 12, 1954, that I last saw the deceased alive on April 12, 1954, and that death occurred at 1 00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Davis, M.D. | ADDRESS: Frostburg, Md. | DATE SIGNED: 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April, 15. 1954 | NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery | LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR: 4-15-54 | REGISTRAR'S SIGNATURE: Jeanette M Boal

24. FUNERAL DIRECTOR: George Eichhorn | ADDRESS: Lonaconing, Md.

VS. A15

RECEIVED
APR 20 1954
BUREAU V. S.

Within corp. DR. MURRAY

03147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3164

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGHANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
LENGTH OF STAY (In this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY Bedford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYNDMAN
STREET ADDRESS (If rural give location) ~~HYNDMAN PENNA~~

3. NAME OF DECEASED: (Type or Print) (First) BABY BOY (Middle) Edward Johnny (Last) EMERICK

4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: APRIL 4, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Edward Shroyer
14. MOTHER'S MAIDEN NAME: RUBY V. EMERICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: John Edward Shroyer, Hyndman, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5

IMMEDIATE CAUSE (A) Convulsions — 24 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Premature birth & Posterior occiput 5 weeks prem

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) and use of forceps also acute anaemic condition of Mother [illegible]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 4-54
19B. MAJOR FINDINGS OF OPERATION: Delivery of baby with Forceps Posterior Occiput
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1954, to April 10, 1954, that I last saw the deceased alive on April 9, 1954, and that death occurred at 6:05AM, from the causes and on the date stated above.

SIGNATURE: Dillon G. Murray M. D. ADDRESS: Cumberland Md DATE SIGNED: April 11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4-11-54
NAME OF CEMETERY OR CREMATORY: Comps Cemetery
LOCATION (City, town, or county) (State): Hyndman, Pa R.D.

DATE REC'D BY LOCAL REGISTRAR: April 11, 1954
REGISTRAR'S SIGNATURE: Wrinkle R. Frantz, M.D.
24. FUNERAL DIRECTOR: Harvey H. Ziegler ADDRESS: Hyndman, Pa

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

2044 19135

RECEIVED
APR 20 1934
BUREAU V. S.

03148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3214 **CERTIFICATE OF DEATH**

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin-rural — LENGTH OF STAY (in this place) 1 hr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin-rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 1 mile [illegible] Westernport, Md.

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) (Last) Fazenbaker				4. DATE OF DEATH (Month) April (Day) [illegible] (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH [illegible]	9. AGE last birthday yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0	10b. KIND OF BUSINESS OR INDUSTRY 0		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ray T. Fazenbaker			14. MOTHER'S MAIDEN NAME Angeline Trenum		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Ray T. Fazenbaker, Westernport, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7 X

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1954, to 4/26, 1954, that I last saw the deceased alive on 4/26, 1954, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. Westernport, Md 4/26/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/54	Fazenbaker Cem.	Garrett Ct. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-26-54	Mrs Jean C. Kelly	[illegible] Boal, [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR
EAU V. S.

Witness copy, not filed.

3165

03149

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 01
MARYLAND
LENGTH OF STAY (in this place): 4/6/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 643 Washington Street

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) G. (Last) Fowler

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7/14/1884

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Water Dept. [redacted] Celanese Corp.

11. BIRTHPLACE (State or foreign country): Woonsocket, R. I.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Allen Fowler

14. MOTHER'S MAIDEN NAME: Jennie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage. — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis, — Interval: ?

(c) Chronic Osteo-arthritis — Interval: 3[redacted]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Left Hemiplegia — Interval: ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1954, to Apr. 12, 1954, that I last saw the deceased alive on Apr. 11, 1954, and that death occurred at 7:35a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lucile B. Tolson M.D. ADDRESS 69 Greene St. DATE SIGNED 4-12-

23. BURIAL, CREMATION, REMOVAL (Specify): [redacted]

DATE: Apr 14 1954

NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

LOCATION (City, town, or county) (State): Hopewell Jct., New York

DATE REC'D BY LOCAL REG: April 13, 1954

REGISTRAR'S SIGNATURE: Winter R. Hantz, M.D.

24. FUNERAL DIRECTOR: [redacted] George ADDRESS: Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03150

3166 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 13 Harrison St

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) O (Last) Frost

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: June 29th. 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Househome
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Huffman
14. MOTHER'S MAIDEN NAME: Tracy Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 241X

Immediate cause (a) Bronchial asthma acute — INTERVAL BETWEEN ONSET AND DEATH 40 yrs

DUE TO

Antecedent cause(s) (b) ~~ac~~ cardiac failure

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to 4/21, 1954, that I last saw the deceased alive on 4/20, 1954, and that death occurred at 2:20 AM, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Volis. Hodges, M.D. ADDRESS 55 Greene St. DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/23/54
NAME OF CEMETERY OR CREMATORY Ly Barger Cemetery
LOCATION (City, town, or county) Madley (State) Penn.

DATE REC'D BY LOCAL REG. April 22, 1954
REGISTRAR'S SIGNATURE Hunter R. Crantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 27 1954
BUREAU V. S.

DR. TOLSON

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 3151

3167 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): CUMBERLAND

LENGTH OF STAY (in this place): 38 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

STREET ADDRESS (If rural give location): 321 FAYETTE ST.

3. NAME OF DECEASED: (Type or Print) (First) CYRIL (Middle) B. (Last) GEARE

4. DATE OF DEATH: (Month) APRIL (Day) 7 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 22, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Real Estate Agent

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): CENTRAL AMERICA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN GEARE

14. MOTHER'S MAIDEN NAME: ANNIE M SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30-8790

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL. CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Diabetes mellitus

(c) Benign hypertrophy Prostate

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-10-54

19b. MAJOR FINDINGS OF OPERATION: Cystostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1954, to 4-7-, 1954 that I last saw the deceased alive on 4-7-, 1954, and that death occurred at 1:15PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard L. Tolson M.D. ADDRESS: Cumberland, Md DATE SIGNED: 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/9/54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR: April 8, 1954 — REGISTRAR'S SIGNATURE: Walter K. Lantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc. — ADDRESS: Cumb. Md.

VS. A15

RECEIVED
APR 1
BUREAU V. S.

Within corporate limits

MARYLAND 3168 03152

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Utah Ave. X	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
	STREET ADDRESS (If rural, give location) 112 Utah Ave.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) G. (Last) Ginniman			4. DATE OF DEATH (Month) Apr. (Day) 21, (Year) 1954	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9-1-1900	9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Georgetown, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Patrick Gavin			14. MOTHER'S MAIDEN NAME Mary Ann Barrett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Charles F. Ginniman Cumberland, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Cancer of urinary bladder — INTERVAL BETWEEN ONSET AND DEATH 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 16-1954	19b. MAJOR FINDINGS OF OPERATION Multiple Carcinoma bladder. Cancer of bladder	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1954, to Apr 21, 1954, that I last saw the deceased alive on Apr 19, 1954 and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rev. Trovaskis, S.M.D. ADDRESS Cumberland Maryland DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 4-24-54	NAME OF CEMETERY OR CREMATORY St. Mary's Cem.	LOCATION (City, town, or county) Cumberland, Md (State)
DATE REC'D BY LOCAL REG. April 23, 1954	REGISTRAR'S SIGNATURE Winter R. Frank, M.D.	24. FUNERAL DIRECTOR Charles L. George	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

1

RECEIVED
APR 27 1954
BUREAU V. S.

Within corporate limits

MARYLAND 3169 03153

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Mt. Savage, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital	STREET ADDRESS (If rural, give location) Rt. 1, Hyndman, Pa.

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle) DUDLEY	(Last) GLASS	4. DATE OF DEATH	(Month) April (Day) 30, (Year) 1954 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24 1881	9. AGE last birthday 72 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Contracters	11. BIRTHPLACE (State or foreign country) Ritchie County, W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Glass			14. MOTHER'S MAIDEN NAME Mary Riley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-10-0299	17. INFORMANT AND ADDRESS Harley P.Glass, Cumberland, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Congestive Heart Failure	April 26 '54
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	?
	(c) Arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Anemia, moderately severe, cause ?	?

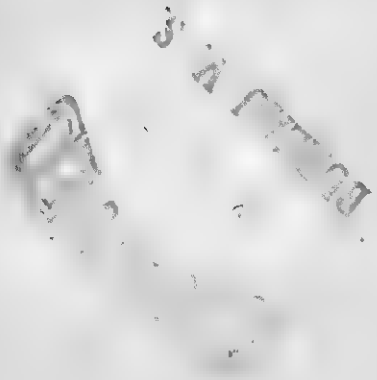
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1954, to April 30, 1954, that I last saw the deceased alive on April 30, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Saville G. Weisman	Mrs	59 Greene St Cumberland Alleg Co Md	5/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 3, 1954	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. May 2, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 03154

DR. TOPPER 3170 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, | LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY ~~Somerset~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
STREET ADDRESS (If rural give location) ROUTE #1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
VICTOR	B	GLESSNER	APRIL	9,	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	FEB. 18, 1889	65 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARMING	Own farm.	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JEFFERSON GLESSNER	SADIE WEIGLE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Arteriosclerotic Cardio-Vascular Disease — 4 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hepatitis — 2 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/1/ ,1954, to Apr. 9, 1954, that I last saw the deceased alive on Apr. 9, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE John A Topper (Degree or title) ADDRESS Hyndman, Pennsylvania DATE SIGNED 4-9-54

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-54	Memorial Park	Somerset, Pa.

DATE REC'D BY LOCAL REGISTRAR	(REGISTRAR'S SIGNATURE)	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1954	Walter R. Lantz, M.D.	H.A. Johnson	Berlin, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 03155

3201 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 70 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
STREET ADDRESS (If rural give location): 70 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Conrade (Middle) L. (Last) Haberlein
4. DATE OF DEATH: (Month) 4 (Day) 7th (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 2 - 1880
9. AGE last birthday: 73 Hh yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Coal Miner
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Conrade Haberlein
14. MOTHER'S MAIDEN NAME: Carolina Eberley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-01-6641
17. INFORMANT & ADDRESS: 70 E. Main St. Mrs. Conrade L. Haberlein, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1
Immediate cause (a) Chr. Arterio Sclerotic Myocarditis — several years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis
DUE TO
(c) Pulmonary Fibrosis — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 , to Apr. 7, 1954, that I last saw the deceased alive on Apr. 1, 1954, and that death occurred at 5:00 A, from the causes and on the date stated above.
SIGNATURE (Degree or title) W. O. McLane MD
ADDRESS Frostburg Md
DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-9-1954
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.
DATE REC'D BY LOCAL REGISTRAR 4-9-54
REGISTRAR'S SIGNATURE Mr. Nancy N. Roe
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1 DA.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Hampshire
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SHANKS,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) CLINTON (Last) HAINES
4. DATE OF DEATH (Month) APRIL (Day) 5 (Year) 19 54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: APRIL 25, 1886
9. AGE Last birthday: X 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL HAINES
14. MOTHER'S MAIDEN NAME: ELIZA YOST
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	ACUTE CARDIAC FAILURE	SUDDEN
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	CORONARY SCLEROSIS	?
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. INGIONAL HERNIA WITH PARTIAL OBSTRUCTION OF THE BOWELS 2 DAYS

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐ AX

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.B. DEMING M.D. H.B. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED APRIL 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 7 1954
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) Augusta (State) W Va
DATE REC'D BY LOCAL REG. April 5, 1954
REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.
24. FUNERAL DIRECTOR Wade H. McKee
ADDRESS Mr. Kee

DR. FAW

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03157

3172 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 35 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTERNPORT
STREET ADDRESS (If rural give location) OAKVIEW

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MISS MARGARET V. HAYDEN

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 7 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH 4, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Economics Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): COLORADO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GRANT J HAYDEN

14. MOTHER'S MAIDEN NAME: CAROLYN DIXON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Squamous carcinoma cervix with

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized metastasis

DUE TO

(c)

Interval Between Onset And Death: Approx 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 6 & April 6

19b. MAJOR FINDINGS OF OPERATION: Mestinal obstruction — neoteral obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1954, to ~~Mar~~ April 7, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 1:27PM, from the causes and on the date stated above.

SIGNATURE: W M Faw Jr. (Degree or title) MD ADDRESS: Cumberland Md DATE SIGNED: April 7 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: April 10 1954 NAME OF CEMETERY OR CREMATORY: Philos Cemetery LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 10, 1954 REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Fedlock Funeral Home ADDRESS: Piedmont, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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3173 03158

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Blaul Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 119 Blaul Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Gertrude (Last) Hocking

4. DATE OF DEATH (Month) April (Day) 18 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: April 23-1922

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Brode

14. MOTHER'S MAIDEN NAME: Mary Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: (husband) John E. Hocking, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	420.1	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) Coronary sclerosis	?
	DUE TO	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED April-19-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 23 1954

NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. April 20, 1954

REGISTRAR'S SIGNATURE Wiley R. Kantz, M.D.

24. FUNERAL DIRECTOR William A. Kight

ADDRESS "

RECEIVED
APR 27 1954
BUREAU V. S.

Outside of City Limits

Mr. L. Rawlings

MARYLAND 3215 03159

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 6 Locust Grove	STREET ADDRESS (If rural, give location) R.D. # 6 Locust Grove

3. NAME OF DECEASED (Type or Print)	(First) LEONARD	(Middle) WESLEY	(Last) HUFF	4. DATE OF DEATH	(Month) Apr. (Day) 2, (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 28, 1870	9. AGE last birthday 84 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Janitor in Spinning Dept.		10b. KIND OF BUSINESS OR INDUSTRY Celanese Corp.	11. BIRTHPLACE (State or foreign country) Spring Gap, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Leonard W. Huff			14. MOTHER'S MAIDEN NAME Elizabeth Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-10-7603	17. INFORMANT AND ADDRESS Mrs. Mary Huff Cumberland, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) congestive heart failure — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cancer of the stomach — 6 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 4-2-, 1954, that I last saw the deceased alive on 4-2-, 1954, and that death occurred at 8 45A m., from the causes and on the date stated above.

SIGNATURE L. Rawlings (Degree or title) M.D. ADDRESS 57 Greene St. DATE SIGNED 4-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-4-1954	NAME OF CEMETERY OR CREMATORY Biertown Cemetery	LOCATION (City, town, or county) (State) Rawlings, Md.
DATE REC'D BY LOCAL REG. April 4, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR Charles L. George	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

M

1

within corporate limit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03160

3174 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 3½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg 2
STREET ADDRESS (If rural give location): 136 Washington St.

3. NAME OF DECEASED: (First) GOMER (Middle) L. (Last) JONES
4. DATE OF DEATH: (Month) April (Day) 8, (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 12-23-1896
9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Shipping clerk
10b. KIND OF BUSINESS OR INDUSTRY: Kelly-S. Tire Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David L. Jones
14. MOTHER'S MAIDEN NAME: Alice A. Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 214-07-0866
17. INFORMANT & ADDRESS: Mrs. Mary V. Jones, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular-renal dis. DUE TO — Interval Between Onset And Death: 2 yrs.??

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic glomerulo-nephritis DUE TO — several years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 19 54, to 4/8, 19 54, that I last saw the deceased alive on 4/8, 19 54, and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Matthew Rotstein M.D. — ADDRESS: 48 Broadway - Frostburg — DATE SIGNED: 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-10-1954 — NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: April 10, 1954 — REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR: J. R. Durst — ADDRESS: Frostburg, Md.

VS. A15

APR 14 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03161

3216 CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing ✓ LENGTH OF STAY (in this place) 70 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
HOSPITAL OR INSTITUTION OR STREET ADDRESS Watercliffe Street	STREET ADDRESS (If rural give location) Watercliffe Street

3. NAME OF DECEASED: (Type or Print) (First) Matthew (Middle) A (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	July.24.1866	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Cabinet Maker.	Paper Mill	Scotland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Jones	Elizabeth Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	220-10-1826	James Jones, Lonaconing. Md.

18. MEDICAL CERTIFICATION (SON)

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Chronic Cardio vascular renal

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) disease

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓ 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1954, to 4/25, 1954, that I last saw the deceased alive on 4/25, 1954 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Neil Keever M D ADDRESS Westernport Md DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April, 28, 1954.	Oak Hill Cemetery.	Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-28-54	Jeannette M Boal	George Eichhorn,	Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03162

3202 CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearl and legibly.

1 PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Frostburg — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 183 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 183 E. Main

3. NAME OF DECEASED: (Type or Print) (First) Judith (Middle) M. (Last) Kerr
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 14-1925
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11 BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Edmund Stimba
14. MOTHER'S MAIDEN NAME: Mary Bachmann
15 WAS DECEASED EVER IN U.S. ARMED FORCE? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT'S ADDRESS: Frostburg, Md. Robert V. Kerr, 163 E. Main St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 17, 1954, to Apr 20, 1954, that I last saw the deceased alive on Apr 19, 1954, and that death occurred at 3:00 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) W. M. McLane MD — ADDRESS Frostburg Md — DATE SIGNED Apr 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-22-1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Frostburg Memorial Frostburg, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 4-22-54 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe — 24. FUNERAL DIRECTOR — ADDRESS Jacob Hafer, Frostburg Md.

VS. A15

RECEIVED
APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03163

3203

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport — LENGTH OF STAY (In this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 254 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 254 Main St.

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) Alice (Last) Kimmell

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 29 Aug 1877

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Bloomington, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bouse Warnick

14. MOTHER'S MAIDEN NAME: Clara C. Bevers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Elva Dixon, Main St Ext Westernport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis with Hypertension — 5 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 2, 1954, to Apr 11, 1954, that I last saw the deceased alive on Apr 11, 1954, and that death occurred at 3:58 P. m., from the causes and on the date stated above.

SIGNATURE: Paul D Wilson — (Degree or title) M.D. — ADDRESS: Piedmont W.Va. — DATE SIGNED: 12 Apr 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-14-54 — NAME OF CEMETERY OR CREMATORY: Turner Cemetery — LOCATION (City, town, or county) (State): Garrett Co Md.

DATE REC'D BY LOCAL REG.: April 14 54 — REGISTRAR'S SIGNATURE: Mrs Joan C. Kelly

24. FUNERAL DIRECTOR — ADDRESS: E. S. Boor — Westernport, Md.

RECEIVED
APR
BUREAU V. S.

Within corporate limits HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03164

3175

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
MARYLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. Corriganville
STREET ADDRESS (If rural give location) [redacted]

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) KLINE

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: APRIL 10, 1954

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. yrs. Months Days 4 Hours Min.

10A. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LLOYD W. KLINE

14. MOTHER'S MAIDEN NAME: LEISTER, MARYBELLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
56 [illegible]
IMMEDIATE CAUSE (A) DUE TO Omphalocele
ANTECEDENT CAUSE (S) (B) DUE TO Probable atelectasis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH
4 days
4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4/10/54

19B. MAJOR FINDINGS OF OPERATION: Omphalocele (Liver, large & small bowel)

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on April 14, 1954, and that death occurred at 7:05 A.M., from the causes and on the date stated above.
SIGNATURE W. Royce Hodges M. D. ADDRESS Cumberland, Md DATE SIGNED 4/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 14, 1954 | NAME OF CEMETERY OR CREMATORY Greenmount Cem | LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE RECD BY LOCAL REGISTRAR April 14, 1954 | REGISTRAR'S SIGNATURE Walter L. Bantz, M.D. | 24. FUNERAL DIRECTOR Harvey H. Beigler | ADDRESS Lyndmoor, Penna.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2044324 VS. A15—10-53

RECEIVED
APR 20 1934
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03165

3178 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 317 N. Centre St.

3. NAME OF DECEASED: (Type or Print) (First) Rodger (Middle) C (Last) Koegel

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/1/1894

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repair

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harman A. Koegel

14. MOTHER'S MAIDEN NAME: Sophia Russline

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY No.: 220-10-4428

17. INFORMANT & ADDRESS: Sacred Heart Hosp. Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 331X (a) Intracranial Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/54, 19 54, to 4/5, 19 54, that I last saw the deceased alive on 4/1, 19 54, and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE Lee A. Berg Jr. (Degree or title) M.D. ADDRESS 456 N. Centre St DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-4-54 — NAME OF CEMETERY OR CREMATORY Greenmount Cem. — LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 4, 1954 — REGISTRAR'S SIGNATURE Walter K. Trautz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. — ADDRESS Cumb. Md.

RECEIVED
APR 14
BUREAU V. S.

DR. DURRETT MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03166

3177 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MCCOOLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) AMBROSE (Middle) Homer (Last) LAHMAN
4. DATE OF DEATH: (Month) APRIL (Day) 4 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 7, 1869
9. AGE last birthday: ~~85~~ 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA (Grant County)
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: JOHN A. LAHMAN
14. MOTHER'S MAIDEN NAME: Hannah ~~HANNAH~~ CORNELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Uraemia — Interval Between Onset And Death 3 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 3, 1954, to Apr 4, 1954, that I last saw the deceased alive on Apr. 4, 1954, and that death occurred at 1:28 PM, from the causes and on the date stated above.
SIGNATURE Clay E. Durrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 7, 1954 NAME OF CEMETERY OR CREMATORY Lahmansville Cem LOCATION (City, town, or county) (State) Lahmansville, W. Va.
DATE REC'D BY LOCAL REGISTRAR April 5, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR N. L. Rogers, Keyser, West Virginia ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REC
APR 14
BUREAU V. S.

3178

03167

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 162 N.Mechanic St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 162 N.Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Larimer

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Jan.28-1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Water Tender	B&O.R.Ry.	NewGermany, Garrett Co. Md.	U.S.A.

13. FATHER'S NAME: John Larimer

14. MOTHER'S MAIDEN NAME: Jennie Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	705-09-9920	(wife) Edith Davis Larimer, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)	Arteriosclerosis with hypertention.	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
D		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town, (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V.Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED April 12-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 15, 1954	Philos Cemetery	Westernport, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 13, 1954	Carter L. Hartz, M.D.	William A. Light	Cumberland, "

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03168

3204 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH COUNTY Allegany MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 2. LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 97 Bowery St.	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Allegany CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg STREET ADDRESS (If rural give location) 97 Bowery St.
3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (Last) LARUE	4. DATE OF DEATH (Month) April (Day) 14, (Year) 19 54
5. SEX: male 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH: 9-25-1897	9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-street dept. 10B KIND OF BUSINESS OR INDUSTRY: City of Frostburg	11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard Larue	14. MOTHER'S MAIDEN NAME: Alice Woods
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO 218-05-2717	17. INFORMANT & ADDRESS: Mrs. Richard LaRue, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

IMMEDIATE CAUSE (A) Carcinoma of Pancreas — 5 1/2 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Silicosis — Years

19A DATE OF OPERATION: March 1954 — 19B. MAJOR FINDINGS OF OPERATION: Advanced Cancer of Pancreas & Liver Metastasis — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ✓ — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ✓

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓ M. — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ ✓ — 21F. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from March, 1954, to April 14, 1954, that I last saw the deceased alive on April 14, 1954, and that death occurred at 7:40 AM, from the causes and on the date stated above.

SIGNATURE Martin Mothstein M.D. — ADDRESS 48 Broadway - Frostburg Md. — DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-17-54	Johnson Cemetery	Garrett County, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-17-54	Mr. Nancy N. Roe	J. R. Durst, Frostburg, Md.	

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Film#G165 Item# 14
4/30/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3217 CERTIFICATE OF DEATH

Reg. Dist. No. 03169

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL) OR TOWN Frostburg; MARYLAND; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #1 Box 16 Frostburg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest City) OR TOWN Kingsley Grassy; STREET ADDRESS (If rural, give location) R.D. #1 Box 44 Frostburg, Md.

3. NAME OF DECEASED: (Type or Print) (First) Arch (Middle) (Last) McDonald

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: 5-10-1874

9. AGE last birthday: IF UNDER 1 YEAR (Months, Days) IF UNDER 24 HRS. (Hours, Min.) 79 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Coal

11. BIRTHPLACE (State or foreign country) Scotland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James McDonald

14. MOTHER'S MAIDEN NAME: Janet Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Paul Whitefield R.D. #1 Frostburg, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Myocardial Ischemia	3 d.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypotension - severe	3 yrs.
	(c) DUE TO Generalized Senile Degeneration	±10 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chr. Hypert Prostatis	6 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Frostburg (COUNTY) Allegany (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1954, to 4/20, 1954, that I last saw the deceased alive on 4/17, 1954, and that death occurred at 12.05 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Murrat MD ADDRESS 59 E Main St Frostburg Maryland DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-23-1954 NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park LOCATION (City, town, or county) Frostburg, Md (State)

DATE REC'D BY LOCAL REGISTRAR 4-22-54 REGISTRAR'S SIGNATURE Mr. Nancy N. Roe

24. FUNERAL DIRECTOR Jarrett Hafer ADDRESS Frostburg, Md.

VS. A15

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BUREAU V. S.

#8. See Film G166 5/19/54 jst 3218

03170

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 2

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural) Centerstone [redacted]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mertens Ave. top of Green Ridge mountain.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural, give location) 426 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Jefferson (Last) McFarland

4. DATE OF DEATH (Month) April (Day) 20 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: August ~~April~~ 17-1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Minister of the gospel

10b. KIND OF BUSINESS OR INDUSTRY: Minister

11. BIRTHPLACE (State or foreign country): Winchester, Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles J. McFarland

14. MOTHER'S MAIDEN NAME: Rebecca B. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-24-8367

17. INFORMANT & ADDRESS: Cards in pocket.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED April 20-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 24, 1954

NAME OF CEMETERY OR CREMATORY Mt. Olive Cem

LOCATION (City, town, or county) (State) Randalistown, Maryland

DATE REC'D BY LOCAL REG. April 20, 1954

REGISTRAR'S SIGNATURE ~~Winter K. Henry, M.D.~~ Mrs. Harry Bender mnb.

24. FUNERAL DIRECTOR [illegible] Kimbleton

ADDRESS Laurel, Maryland

[redacted]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03171

3179 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

LENGTH OF STAY (in this place) 6 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Arch Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

STREET ADDRESS (If rural give location) 30 Arch Street

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) E. (Last) Mc Gaha

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 2-14-1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ownhome

11. BIRTHPLACE (State or foreign country): Lovettsville, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Brislin

14. MOTHER'S MAIDEN NAME: Margaret Carnes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. O. O. Brown, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death 6 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to April 7, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 11:20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Oliver Ralph Roth, M.D. ADDRESS 202 Va Ave Cumberland Md DATE SIGNED 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 4-11-1954

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) LOVETTSVILLE, Va.

DATE REC'D BY LOCAL REGISTRAR April 9, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03173

3205 CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 268 W. Mechanic St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 268 W. Mechanic Street

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) P. (Last) Miller

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 29th, 1895

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Leota Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-2141

17. INFORMANT & ADDRESS: Mrs. Elaie Miller, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Heart Disease — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Chronic Heart Disease — 2 Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952, to April 5, 19 54, that I last saw the deceased alive on April 5, 19 54, and that death occurred at 7 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Davis, M.D. — ADDRESS: Frostburg, Md. — DATE SIGNED: 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-7-1954

NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 4-7-54

REGISTRAR'S SIGNATURE: Mrs. Laney N. Roe

24. FUNERAL DIRECTOR: Joseph R. Durst, Frostburg, Md. — ADDRESS

RECEIVED
APR 9 1954
BUREAU V. S.

03174

3188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Keyser
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Gust (Middle) (Last) Pappadakis
4. DATE OF DEATH (Month) April (Day) 1 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Jan. 20, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired-Mgr. Shoe Shine Parlor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crete, Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nicklosis Pappadakis
14. MOTHER'S MAIDEN NAME: Marie A. Prenanis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 235-50-3167
17. INFORMANT & ADDRESS: (Cousin) Harry Marvelis, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Coronary occlusion — 20 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary sclerosis — ?
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED April-1-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF April 4 1954 — NAME OF CEMETERY OR CREMATORY Queens Point Cemetery — LOCATION (City, town, or county) (State) Keyser, West Virginia

DATE REC'D BY LOCAL REG: April 2, 1954 — REGISTRAR'S SIGNATURE Winter K. Mantz, M.D. — **24. FUNERAL DIRECTOR** H. Wayne Dodge — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03175

3181 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) BENJAMIN BANNEKER HOMES, FREDERICK ST.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) JANE (Last) RHODES

4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: NOV. 23 1902
9. AGE last birthday 51 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK. Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own Home and Residential Homes
11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM RHODES
14. MOTHER'S MAIDEN NAME: ELENORA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-30-1570
17. INFORMANT & ADDRESS: MEMORIAL HOSPTIAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9

IMMEDIATE CAUSE (A) Carcinomatosis, generalized,

ANTECEDENT CAUSE (B) DUE TO Primary site unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Metastases to skeleton, per autopsy — 6 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia — 1 week

19A. DATE OF OPERATION: 20 years ago?
19B. MAJOR FINDINGS OF OPERATION: Hysterectomy?
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24 1954, to April 19, 1954, that I last saw the deceased alive on April 19, 1954, and that death occurred at 4:40 PM. from the causes and on the date stated above.

SIGNATURE: Saville G. Weisman Mrs — M. D. — ADDRESS: 59 Greene St Cumberland Md — DATE SIGNED: 4/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: April 22, 1954
NAME OF CEMETERY OR CREMATORY: Sts Peter & Pauls
LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR: April 21, 1954
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR: John J. Hafer, Cumb., Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
APR 27 1954
BUREAU V. S.

Within corporate limits

3182

03176

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 137 N.Mechanic St. Southern Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 137 N.Mechanic St. Southern Hotel

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) M. (Last) Robeson

4. DATE OF DEATH (Month) April (Day) 9 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: Aug.1-1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs

11. BIRTHPLACE (State or foreign country): Avilton,Garrett Co.Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morgan Robeson

14. MOTHER'S MAIDEN NAME: Rose Ann Finey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: (niece) Mrs.Edith Baltimore Pike Rice,Cumberland,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V.Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED April 9-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 13 1954

NAME OF CEMETERY OR CREMATORY St. Patricks Cem.

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. April 10, 1954

REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc., Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR

Within corporate limits

3183

03177

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 221 Spruce St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 221 Spruce St.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Mae (Last) Rogan

4. DATE OF DEATH (Month) April (Day) 3 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: Sept 9-1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Dishwasher-

10b. KIND OF BUSINESS OR INDUSTRY: Bar & Restaurant

11. BIRTHPLACE (State or foreign country): Ridgely, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Mulligan

14. MOTHER'S MAIDEN NAME: Racheal Hite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-18-4362

17. INFORMANT & ADDRESS: (son) James Mulligan, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Aortitis — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED April 3-1954

23. BURIAL, CREMATION, REMOVAL (Specify): April | DATE THEREOF 4-6-1954 | NAME OF CEMETERY OR CREMATORY St. Patricks Cem. | LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. April 5, 1954 | REGISTRAR'S SIGNATURE Walter K. Clark, M.D. | 24. FUNERAL DIRECTOR Charles I. George | ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR
BU J V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03178

3184 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 36 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland, Md.
STREET ADDRESS (If rural give location) Railroad Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Rogish
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 1, 1883
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lithuania ✓
12. CITIZEN OF WHAT COUNTRY? Lithuania
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Anna Papiela, Buffalo, N.Y. (DAUGHTER)

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
332X Immediate cause	(a) DUE TO	Cerebral Hemorrhage	5 d.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arteriosclerosis Generalized	4-5 yrs.
	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Paralysis Legs,	

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to 26 April, 1954, that I last saw the deceased alive on 26 April, 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George F. Richards, M.D. — ADDRESS Lonaconing — DATE SIGNED 4-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 28, 1954 — NAME OF CEMETERY OR CREMATORY St. Micheal Cemetery — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE RECD BY LOCAL REGISTRAR April 27, 1954 — REGISTRAR'S SIGNATURE Merle K. Frantz, M.D. — 24. FUNERAL DIRECTOR George Eichhorn — ADDRESS Lonaconing, Md.

VS. A15

Outside of City Limits

3219

03179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Dolly Woods near Mexico Farms Airport.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 106 Park St.

3. NAME OF DECEASED: (Type or Print) (First) Percy (Middle) Leroy (Last) Ruby

4. DATE OF DEATH (Month) April (Day) 4 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: March 26-1922

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Assembler

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co.

11. BIRTHPLACE (State or foreign country): Chaneysville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Spencer Ruby

14. MOTHER'S MAIDEN NAME: Elma Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY No.: 177-16-5860

17. INFORMANT & ADDRESS: (wife) Viola May Barger Ruby, Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

866.4

Immediate cause (a) Shock, Fractured cervical vertebrae with cord injury.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Depressed fracture of the skull, also had

DUE TO Fractured left malar, right femur, right elbow & patella

(c) Dislocation (complete) & laceration right wrist.

INTERVAL BETWEEN ONSET AND DEATH: sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Lacerations & abrasions of body. Aeroplane accident.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Air port near Mexico Farm

21c. (City or town, (County) near-Cumberland Allegany (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) about 3:15 April 4/54 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Lost flying speed side slip to right, hit limb of tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED April 5-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 7 1954

NAME OF CEMETERY OR CREMATORY Mt Zion Christian Cem

LOCATION (City, town, or county) (State) Near Chaneysville, Pennsylvania

DATE REC'D BY LOCAL REG. April 6, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 12 1954
BUREAU U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3185 CERTIFICATE OF DEATH

03180

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 122 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) M. (Last) Schaab

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 9, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Brandt

14. MOTHER'S MAIDEN NAME: Elizabeth Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Geraldine Varner, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) congestive heart failure — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) cysto-pyelitis — 1 day
DUE TO (c) Intestinal obstruction — 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hirschsprung's disease — Lifetime

19a. DATE OF OPERATION: 4-14-54

19b. MAJOR FINDINGS OF OPERATION: intestinal obstruction at recto sigmoid junction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 1954 to 4-21, 1954, that I last saw the deceased alive on 4-21, 1954, and that death occurred at 3:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer MD, 5 Thurnell St. 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-24.54
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 23, 1954
REGISTRAR'S SIGNATURE: Wilmer K. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli, Cumberland, Md.
ADDRESS

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Film#G166 Item# 8
5/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3220 CERTIFICATE OF DEATH

13181

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
LENGTH OF STAY (in this place): 53 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Franklin (Last) See

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 18 1890

9. AGE last birthday: 64 / 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Railroad machinist

11. BIRTHPLACE (State or foreign country): Old Field, W.Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John D. See

14. MOTHER'S MAIDEN NAME: Sally Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-07-7970

17. INFORMANT & ADDRESS: Mrs. Pearl See, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1
Immediate cause (a) Chronic Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 5 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 49, to April 8, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 9.30 A.m., from the causes and on the date stated above.

SIGNATURE: John A Tepper — (DEGREE OR TITLE) MD — ADDRESS: Hyndman — DATE SIGNED: 4/10/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 11, 1954 — NAME OF CEMETERY OR CREMATORY: Lybarger Cemetery — LOCATION (City, town, or county) (State): Hyndman, Pa. RD#1

DATE REC'D BY LOCAL REGISTRAR: April 10, 1954 — REGISTRAR'S SIGNATURE: J. Lloyd Wolfe

24. FUNERAL DIRECTOR — ADDRESS: Harvey H. Zeigler, Hyndman, Pa.

VS. A15 8-51

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APR 14
BUREAU V. S.

03182

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3221

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Tresa (Middle) Lucille (Last) See
4. DATE OF DEATH (Month) April (Day) 8 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: Feb. 14, 1908
9. AGE: 46 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)
10. OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Lowery
14. MOTHER'S MAIDEN NAME: Minnie Faulkner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Jesse See, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: 136.0 (a) Massive Pulmonary Embolism — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Trauma to left lower leg — 19 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Ellerslie — (COUNTY) Allegany — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 3 / 22 54 P m.
INJURY OCCURRED While at Work ☑ Not While At work ☐ Home
HOW DID INJURY OCCUR? Struck leg against metal bucket

22. I hereby certify that I attended the deceased from Mar 22, 1954, to Apr 8, 1954, that I last saw the deceased alive on Apr 8, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: John A Topper (Degree or title) MD — ADDRESS: Hyndman Pa — DATE SIGNED: 4.10.54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 12, 1954
NAME OF CEMETERY OR CREMATORY: Porter Cemetery
LOCATION (City, town, or county) (State): Hyndman, RD 1, Co. Pa Bedford

DATE REC'D BY LOCAL REG.: April 12 1954
REGISTRAR'S SIGNATURE: J. Lloyd Wolfe
24. FUNERAL DIRECTOR: Harvey H. Zeigler, Hyndman, Pa. — ADDRESS:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 14 [illegible] 4
BUREAU V. S[illegible]

Within corporate limits

3186

03183

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 117 Hanover St.

3. NAME OF DECEASED: (First) Margaret (Middle) Ellen (Last) Shafer
4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: March 24-1870
9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Westernport, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Collins
14. MOTHER'S MAIDEN NAME: Catherine Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: (sister) Agnes McHugh, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
903.0 Immediate cause	(a)	Hypostatic congestion of the lungs	about 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Uremia	about 2 weeks
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Comminuted intertrochanteric fracture of right femur — 3 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) March (Day) 20 (Year) 54 (Hour) 10 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY Ooccur? Walking in bedroom at home, fell to the floor and fractured right femur

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.
DATE SIGNED: April-11-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 14 1954
NAME OF CEMETERY OR CREMATORY: St. Peters & Pauls Cem.
LOCATION (City, town, or county) (State): Cumberland Maryland
DATE REC'D BY LOCAL REG.: April 13, 1954
REGISTRAR'S SIGNATURE: Walter K. Manty, M.D.
24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Maryland
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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APR 1954
U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03184

3187 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 156 Polk Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 156 Polk Street

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Isa belle (Last) Shaffer

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 18 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Maker

11. BIRTHPLACE (State or foreign country): Bedford Co, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Perry Close

14. MOTHER'S MAIDEN NAME: Catherine (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Florence Shaffer, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Heart failure — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart Disease — 3 years

DUE TO

(c) 420.0 260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1954, to 4-20, 1954, that I last saw the deceased alive on 4-20, 1954, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Ralph W. Bacon M.D. — 62 Greene St. Cumberland Md — 4-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 22 1954 — NAME OF CEMETERY OR CREMATORY: Hyndman Cemetery — LOCATION (City, town, or county) (State): Hyndman, Bedford Co Pa.

DATE REC'D BY LOCAL REGISTRAR: April 22, 1954 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D. — 24. FUNERAL DIRECTOR: William H. Kight — ADDRESS: Cumberland, Md.

VS. A15

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APR 27 1954
BUREAU V. S.

3188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Local File No. 43185

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. COUNTY: Fairhope Township
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Fairhope
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Katherine (Last) Shumaker

4. DATE OF DEATH (Month) April (Day) 21 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	single	Aug 7-1952	1 yrs	8			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Bedford, Pa.	U.S.A.

13. FATHER'S NAME: Lloyd Shumaker

14. MOTHER'S MAIDEN NAME: Geneva Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	(father) Lloyd Shumaker, Fairhope, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
881.0 Immediate cause	(a) Asphyxiation due to drinking kerosene	about 3.1/2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) also toxemia.	hours.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	home	Fairhope, Fairhope Township Pa.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
about noon April 21/54 M.		Drank some kerosene from a tin can, taken from window sill

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D. — DATE SIGNED: April 22-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-54	Thomas Cemetery	Hyndman, RD#1 Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 22, 1954	Walter R. Frantz, M.D.	Harvey H. Zeigler	Hyndman Pa

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 27 1954
BUREAU V. S.

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3189 **CERTIFICATE OF DEATH** 03186

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. VA. COUNTY Mineral
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BURLINGTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BEULAH (Middle) MARIE (Last) SITES

4. DATE OF DEATH: (Month) APRIL (Day) 16 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JUNE 7, 1902
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Old Fields ~~MOOREFIELD~~, W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM W. SMITH
14. MOTHER'S MAIDEN NAME: LOUISE WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X IMMEDIATE CAUSE (A) Carcinoma of Ovary

ANTECEDENT CAUSE (S) DUE TO Carcinomatosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION April 3, '54
19B. MAJOR FINDINGS OF OPERATION Carcinomatosis
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 19 , to April 16, 1954 that I last saw the deceased alive on April 16, 1954 and that death occurred at 4:00 P.M. from the causes and on the date stated above.

SIGNATURE W Royce Hodges M. D. ADDRESS Cumberland, Md. DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 19, 1954
NAME OF CEMETERY OR CREMATORY Smith Family Cemetery
LOCATION (City, town, or county) (State) Old Fields, West Virginia

DATE REC'D BY LOCAL REGISTRAR April 17, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Rogers Funeral Home
ADDRESS Keyser

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03187

3206 CERTIFICATE OF DEATH Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 59 Hill St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WESLEY (Last) SMITH

4. DATE OF DEATH: (Month) Apr. (Day) 20, (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: 6-27-1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired janitor
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Post office
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph B. Smith
14. MOTHER'S MAIDEN NAME: Louise A. Dayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Chas. Smith, Frostburg, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X IMMEDIATE CAUSE	(A) Chr Nephritis	?
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arter Sclerosis DUE TO	?
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Terminal Bronchopneumonia	2 Days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 18, 1954, to Apr. 20, 1954 that I last saw the deceased alive on Apr 19., 19.54, and that death occurred at 4:30 A.M., from the causes and on the date stated above.
SIGNATURE W O McLane M. D. ADDRESS Frostburg Md DATE SIGNED Apr 21 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-22-54
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 4-22-54
REGISTRAR'S SIGNATURE Mrs. Nancy N. Lee
24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

RECEIVED
APR 28 1954
BUREAU V. S.

03188

MARYLAND 3136

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; LENGTH OF STAY (in this place) 4/19/51; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; STREET ADDRESS (If rural, give location) 523 Franks Lane

3. NAME OF DECEASED (Type or Print): (First) Ulysses (Middle) Grant (Last) Squires

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 4/30/1868

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Kelly Springfield Tire Worker.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dodridge Co.- W. Va.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: James Andrew Squires

14. MOTHER'S MAIDEN NAME: Mary Anne Gall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If year, give war or dates of service): 226-10-0133

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 592X Chronic Myocardial Degeneration

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis, (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis,

INTERVAL BETWEEN ONSET AND DEATH: (a) ? (b) ? (c) ? 6 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1954, to Apr. 2, 1954, that I last saw the deceased alive on Apr. 2, 1954, and that death occurred at 12.45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. McLean M.D. ADDRESS: 44 Greene St DATE SIGNED: 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 4/5/1954 NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG: April 5, 1954 REGISTRAR'S SIGNATURE: Hunter L. Franz, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli, Cumberland, Md.

03189

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3191 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 513 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 513 Eastern Avenue

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) GRACE (Last) STRONG

4. DATE OF DEATH: (Month) (Day) (Year) April 4, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Oct. 24, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Did not Work

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Near Maryland Allegany County (Flintstone)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PHILIP HYMES

14. MOTHER'S MAIDEN NAME: MATILDA SMITH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Bertha Hymes, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Endocarditis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sciatic Neuralgia

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1953, to Apr 3, 1954 that I last saw the deceased alive on April 3., 1954, and that death occurred at 6:00 a.m. Apr 4 1954 from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charlotte B. Gardner M.D. 126 Columbia St. Cumberland 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apr. 7, 1954

NAME OF CEMETERY OR CREMATORY Davis Mem. Park

LOCATION (City, town, or county) (State) Allegany County, Md. near Cumberland

DATE REC'D BY LOCAL REGISTRAR April 7, 1954

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 14 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03190

3222 CERTIFICATE OF DEATH Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Accurate age is especially important. Physicians: please write clearly.

1 PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY if outside corporate limits write RURAL LENGTH OF STAY in this place
OR TOWN Shaft
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. No 1 Frostburg, Md

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give near town)
OR TOWN Shaft
STREET ADDRESS R.D. No 1 Frostburg, Md

3. NAME OF DECEASED: (Type or Print) Frances (First) Jane (Middle) Swecker (Last)

4 DATE OF DEATH (Month) April (Day) 17 (Year) 1954

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8 DATE OF BIRTH: Jan. 26 1891 | 9. AGE Last birthday (If under 1 year, UNDER 24 HRS. Day Hour Min.) 63 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired. Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country) Midlothian, Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin Fike Sr. | 14. MOTHER'S MAIDEN NAME: Fahey Fahey

15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT & ADDRESS: Mrs Frostburg, Md. Cook, R.D. 1 Frostburg, Md. Cousin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 X
Immediate cause (a) — General Carcinomatosis Abdomen — Interval Between Onset And Death 2 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of Ovary ?

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-9-54 | 19b. MAJOR FINDINGS OF OPERATION General Carcinomatosis Abdomen | 20. AUTOPSY? Yes No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1954, to April 17, 1954, that I last saw the deceased alive on Apr 16, 1954, and that death occurred at 12:15 A., from the causes and on the date stated above.

SIGNATURE Wm C Lane M D (Degree or title) | ADDRESS Frostburg Md | DATE SIGNED Apr 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-19-1954 | NAME OF CEMETERY OR CREMATORY Frostburg Mem Park | LOCATION (City, town, or county) Frostburg, Md (State)

DATE RECD BY LOCAL REGISTRAR 4-19-54 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Rae | FUNERAL DIRECTOR Jacob Harper, Frostburg, Md. | ADDRESS

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

Within corporate limits

DR. LEY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03191

3192 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
MARYLAND LENGTH OF STAY (in this place) 29 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 220 GLENN STREET

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) R. (Last) TIMBROOK

4. DATE OF DEATH: (Month) APRIL (Day) 15 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: JUNE 19, 1925

9. AGE last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired) Former Textile Wkr.

10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LORENZ SPENCER

14. MOTHER'S MAIDEN NAME: VIOLA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-14-6668

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 416X (A) Pulmonary Embolus

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Rheumatic Heart Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1954, to 4/15, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 5:05 P.M. from the causes and on the date stated above.

SIGNATURE Leo N. Ley Jr. M.D. ADDRESS 452 N. Centre St. DATE SIGNED 4/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Apr. 17, 1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR April 17, 1954 | REGISTRAR'S SIGNATURE Wintes R. Frantz, M.D. | 24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
APR 20 1954
BUREAU V. S.

DR JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03192

3193 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRIENDSVILLE 11X-2
STREET ADDRESS (If rural give location) Rural.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) L. (Last) VAN SICKLE
4. DATE OF DEATH: (Month) APRIL (Day) 5 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: DECEMBER 25-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNIONTOWN, ~~MARYLAND~~ Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Jacobs
14. MOTHER'S MAIDEN NAME: Anna Jacobs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKN. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Myocardial Failure	29 days.
	DUE TO Severe myocardial Disease	33
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Coronary Artery Disease	33
	DUE TO Bronchopneumonia Lower Right.	28 days.
	(c) Pleural Effusion Right.	3 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia 2d Complete Anemia — 24 hours.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1954, to 4/5, 1954, that I last saw the deceased alive on 4/5, 1954, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jamie Jacobson Do ADDRESS 50 Pershing St Cumberland, Md DATE SIGNED 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-8-54
NAME OF CEMETERY OR CREMATORY Friendsville Cemetery
LOCATION (City, town, or county) (State) Friendsville - Garrett - Md

DATE REC'D BY LOCAL REGISTRAR April 8-1954
REGISTRAR'S SIGNATURE Kathryn Fike
Winter W Frantz mnb
24. FUNERAL DIRECTOR W H Rodabaver - Marklesburg Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

RECEIVED
APR 1
BUREAU V. S.

MARYLAND

3194

03193

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Peall St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 408 Peall St.,

3. NAME OF DECEASED (Type or Print): (First) CECILIA (Middle) JANE (Last) WARD
4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 27, 1884
9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Michael Kean
14. MOTHER'S MAIDEN NAME: Mary Driscoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Virgil McClure Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) malignancy of bones

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma of breast (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9 ....., 19 45, to 4/18 ....., 19 54, that I last saw the deceased alive on 4/17 ....., 19 54, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Elizabeth Briggs, MD. (Degree or title) ADDRESS 55 Greene St. DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/21/54
NAME OF CEMETERY OR CREMATORY: St. Patricks Cem.
LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE RECD BY LOCAL REG.: April 21, 1954
REGISTRAR'S SIGNATURE: Winter L. Frantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 27 1954
BUREAU V. S.

3207

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03194 Reg. Dist. 9 No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frostburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Eagles Lodge Room

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 215 Welch Hill

3. NAME OF DECEASED: (First) Joseph (Middle) William (Last) Ward

4. DATE OF DEATH (Month) April (Day) 11 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 29-1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stone Mason

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ward

14. MOTHER'S MAIDEN NAME: Anna Freal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-10-4260

17. INFORMANT & ADDRESS: (sister) Mrs. Jos. Murphy, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED April-12-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/13/54

NAME OF CEMETERY OR CREMATORY St. Michael's Cem.

LOCATION (City, town, or county) (State) Frost. Md.

DATE REC'D BY LOCAL REG. 4-13-54

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Jacob L. Hafer

ADDRESS 23 E. Main, Frostburg, Md.

MARYLAND 3223 STATE DEPARTMENT OF HEALTH 03195

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS McMullen Hwy.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown; STREET ADDRESS (If rural, give location) McMullen Hwy.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Jane (Last) Warnick

4. DATE OF DEATH (Month) (Day) (Year): Apr. 4, 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-12-1862

9. AGE last birthday: 91 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Grantsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Custer

14. MOTHER'S MAIDEN NAME: Lydia Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Elmer Broadwater Cresaptown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.0 Arteriosclerotic heart disease — Interval between onset and death: 1 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to April, 1954, that I last saw the deceased alive on Feb. 10, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth Briggs, M.D. (Degree or title) ADDRESS 55 Greene St. DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Bur. DATE 4-7-1954 NAME OF CEMETERY OR CREMATORY Hillcrest Mem. LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. April 7, 1954 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Charles L. George ADDRESS Cumberland, Md.

APR 21 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3224 CERTIFICATE OF DEATH

03196
Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Barton
LENGTH OF STAY (in this place) 70 yrs1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Run

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Barton
STREET ADDRESS (If rural give location) Laural Run

3. NAME OF DECEASED: (Type or Print) (First) Isabel (Middle) Dobson (Last) Warnick
4. DATE OF DEATH: (Month) April (Day) 5th (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Jan, 12.1884	70 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Barton, Md.	U.S.A.

13. FATHER'S NAME: Robertb Turnbull
14. MOTHER'S MAIDEN NAME: Christina Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	William Warnick. Barton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X

Immediate cause (a) Carcinoma of Stomach. — Interval Between Onset And Death: 6 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Liver Metastases & Ascites & Peroplenic Edema

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 54	Carcinoma	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1954, to 5 April, 1954, that I last saw the deceased alive on 5 April, 1954, and that death occurred at 230 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry Richards M.D. Lonaconing Md 4-8-54

23. BURIAL, CREMATION, REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 8 1954	Laurel Hill Cemetery.	Moscow, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 8 1954	Jeanette McFood	George Eichhorn,	Lonaconing, Md.

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 20 1954

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 03197

DR. W.F.WILLIAMS 3195 CERTIFICATE OF DEATH Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ALLEGANY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND; MARYLAND LENGTH OF STAY (in this place) 4 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE W.VA. COUNTY MINERAL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDGELEY; STREET ADDRESS (If rural give location) ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) S. (Last) WATSON

4. DATE OF DEATH. (Month) APRIL (Day) 28, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 28, 1888

9. AGE last birthday 66 yrs

IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): KELLY SPRINGFIELD TIRE CO.

10B. KIND OF BUSINESS OR INDUSTRY: Tube service

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE WATSON

14. MOTHER'S MAIDEN NAME: SARAH LLOYD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 11

16. SOCIAL SECURITY NO. 223-22-7078

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Arteriosclerosis

DUE TO (C) Chronic Asthma — Long time

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1954 to 4-28, 1954 that I last saw the deceased alive on 4-27, 1954 and that death occurred at 1:40A M, from the causes and on the date stated above.

SIGNATURE W.F. Williams M. D. ADDRESS Cumberland DATE SIGNED 4-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-30-1954 | NAME OF CEMETERY OR CREMATORY Fort Ashby Cem. | LOCATION (City, town, or county) (State) Fort Ashby, W. Va.

DATE REC'D BY LOCAL REGISTRAR April 30, 1954 | REGISTRAR'S SIGNATURE Winter R. Hantz, M. D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

RECEIVED
MAY
BUREAU V. S.

Within corporate limits

3196

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03 No. 1984

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS In Alley at the Boulevard Hotel Apartment

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Kelley Blvd. Boulevard Hotel Apt.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Lee (Last) White

4. DATE OF DEATH (Month) April (Day) 23 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 15-1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Fire Co. Kelley Springfield

11. BIRTHPLACE (State or foreign country): Burlington, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Madison White

14. MOTHER'S MAIDEN NAME: Emma Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-7611

17. INFORMANT & ADDRESS: Valley Road (son) Roy White, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

902.6

Immediate cause (a) Intra-abdominal hemorrhage due to a fract- — Interval between Onset and Death: A few

DUE TO ured pelvis. Ruptured liver and spleen, also

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Intrathoracic hemorrhage due to a ruptured — minutes.

DUE TO (c) lung, left side, from fractured ribs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Alley

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME (Month) OF INJURY April 23 (Year) about 8.30 (Hour) A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell out 3rd floor window to Alley at Blvd. Hotel Apt.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED April 23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 26, 1954

NAME OF CEMETERY OR CREMATORY Sperling Cemetery

LOCATION (City, town, or county) Near Junction, W. Va.

(State)

DATE REC'D BY LOCAL REG. April 26, 1954

REGISTRAR'S SIGNATURE Winter K. Davis, M.D.

24. FUNERAL DIRECTOR John J. Hafer

ADDRESS Cumberland, Md.

VS. A15A - 5 - 53

MAY 4
BUREAU

Within corporate limits

MARYLAND 3197 03199

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cum berland, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS IO Browning St.	STREET ADDRESS (If rural, give location) IO Browning St.

3. NAME OF DECEASED (Type or Print) (First) Geneva (Middle) (Last) Workman			4. DATE OF DEATH (Month) 4-4 (Day) I5- (Year) 1954		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 2-23-I870	9. AGE last birthday 84 yrs.	If under 1 year Months Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Frostburg, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph T. Hansel			14. MOTHER'S MAIDEN NAME Mary Chaney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Charles Davy 6I7 Oldtown Rd.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442 X Immediate cause	(a) Chronic Myocarditis	1940
Antecedent cause(s)	(b) Arteriosclerosis	1940
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardiovascular Renal Disease	1940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to April 15, 1954, that I last saw the deceased alive on April 15, 1954, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE Herb E. Crason (Degree or title) ADDRESS 126 Union St. Cumberland Md. DATE SIGNED 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-I7-54	NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. April 16, 1954	REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

1

Within corporate limits

3198

STATE DEPARTMENT OF HEALTH

MARYLAND

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 35yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.
STREET ADDRESS (If rural, give location): 47 Elder St.

3. NAME OF DECEASED (Type or Print): (First) Hazel (Middle) M. (Last) Zahradka

4. DATE OF DEATH: (Month) 4-18- (Day) 1954 (Year) 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 15, 1909

9. AGE last birthday: 44 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Morgantown, W.Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Winfield Scott Sarver

14. MOTHER'S MAIDEN NAME: Agnes Hennessey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Francis W. Zahradka

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute myocardial infarction and — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Orthostatic pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1954, to Apr 18, 1954, that I last saw the deceased alive on April 18, 1954, and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Oliver Ralph Loth, M.D. — ADDRESS: 202 Va. Ave. Cumberland Md — DATE SIGNED: 4/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4 - 22- 54 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 21, 1954 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md.

RECEIVED
APR 27 1954
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03201

3225 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LaVale, Md. ×

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #1 ×

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LaVale ×

STREET ADDRESS (If rural give location): Route #1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Bertha	Jane	Zehrbach	April	23	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	3/6/1876	78 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Ohio	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Isaac Berry	Virginia Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 No		None	Mrs Dairy Wheeler LaVale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) DUE TO: Carcinoma of bladder — Interval Between Onset And Death: Since Nov. 53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

260 X

(b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-30 1953, to 4-23, 1954, that I last saw the deceased alive on 4-7, 1954, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE: W. T. Williams M.D. (Degree or title) — ADDRESS: Cumberland — DATE SIGNED: 4-24-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/54	Rose Hill Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 26, 1954 — (REGISTRAR'S SIGNATURE): Walter K. Kantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein, Inc. — ADDRESS: Cumberland Md.

VS. A15

RECEIVED
MAY 4 1954
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1, 19 03202

3199 CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 02
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 237 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 02
STREET ADDRESS (If rural give location): 237 Columbia St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	W.	ZILER, SR.	April 15, 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	June 19, 1876	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Repairman (Ret.)	Railroad	Orleans Crossroads, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilson Ziler	Elizabeth (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	A194049	Virgil W. Ziler, Cumberland, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4-4-2-X Immediate cause	(a) Cerebral hemorrhage	4 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	?
	DUE TO (c) Cardio renal vascular disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 1, 19 54, to April 15, 19 54, that I last saw the deceased alive on 4/14/54, 19 54, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm R. Everhart — ADDRESS: 36 Greene ST Cumberland Md — DATE SIGNED: 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April ~~24~~, 1954	Hill Crest Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: April 19, 1954 — REGISTRAR'S SIGNATURE: Winter K. Lantz M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. — ADDRESS

Dr Everhart

RECEIVED
APR 20 1954
BUREAU V. S.